

**State of Alaska - Air Permits Program
Owner Requested Limit**

FACILITY IDENTIFICATION:

No: 015ORL01

Owner/Operator:	Trident Seafoods Corporation
Facility Name:	Ketchikan Facility
Facility Address:	720 Stedman Street
City, State, Zip:	Ketchikan, AK 99901
Lat/Long :	55°35' North, 131°69' West
Facility Contact:	Mr. Earl R. Hubbard
Phone Number:	(206) 783-3818

The above-named owner/operator has submitted a complete application for an owner-requested limit under 18 AAC 50.225(b) for the above-named facility. The Department of Environmental Conservation (the department) grants an owner-requested limit to restrict the potential to emit of the facility, such that an operating permit under 18 AAC 50.325 is not necessary for the facility. The department certifies that the owner-requested limit is effective as of the date noted below.

In accordance with 18 AAC 50.225(f), the applicant has agreed to the conditions listed on the following pages.

The owner or operator may revise this limit under 18 AAC 50.225(h) by submitting a new request under 18 AAC 50.225(b). This limit remains in effect until the revision is approved. The owner or operator may terminate this limit according to the procedures of 18 AAC 50.225(h).

I understand and agree to the terms and conditions of this approval.

Owner or Operator

Printed Name

Title: _____

This certifies that on _____, (date) the person named above appeared before me, a notary public
in _____ and for the State of _____, and signed the above statement in my presence.

Notary Signature & Seal _____

My commission expires: _____

Department approval:

John F. Kuterbach, Program Manager
Air Permits Program

Owner Requested Limit Effective Date

CONDITIONS:

1. Trident shall limit the fuel consumption of Source IDs 1 and 2 at the Ketchikan Facility, listed in Table 1, to less than 2,788,732 gallons of liquid fuel in any 12 consecutive months.
2. Trident shall ensure that the fuel sulfur content of the liquid fuel consumed in Source IDs 1 and 2 does not exceed 0.5 percent sulfur by weight.
3. Trident shall monitor as follows:
 - 3.1 For condition 1, maintain and operate a continuous system, with an accuracy of ± 5 percent, for recording and monitoring the amount of fuel consumed in Source IDs 1 and 2.
 - 3.2 For condition 2, test each shipment of liquid fuel using an approved ASTM method to confirm liquid fuel sulfur content is less than 0.5 percent sulfur by weight. Approved methods include ASTM D975-84, D3120-92, D2622-91, D4294-90, and D396-92. Documentation of analyses by approved methods performed by the fuel vendor of the shipment received is acceptable in lieu of testing by the permittee.
4. Trident shall record and report as follows:
 - 4.1 Retain all records of monitoring data and support information required by this approval for at least five years from the date of collection. Support information includes fuel delivery or fuel use records, calibrations for fuel monitoring instrumentation, and copies of reports and certifications required by this approval. In addition, keep:
 - a. records of the quantity of liquid fuel consumed in Source IDs 1 and 2 by month;
 - b. copies of fuel delivery records that specify the grade of fuel used in Source IDs 1 and 2; and
 - c. copies of reports and certifications required by this approval.
 - 4.2 Certify compliance annually by March 31 of each year for the preceding year by submitting an annual compliance report in accordance with the 18 AAC 50.350(j). Submit two copies and the original of the annual compliance report to ADEC, Air Permits Program, 610 University Ave., Fairbanks, AK 99709-3643, ATTN: Compliance Technician, and send one copy to EPA, 1200 6th Avenue, mail stop OAQ-107, Seattle, WA 98101. The reports must contain:
 - a. the name of the owner/operator, the facility, ORL number, and the period of the report;
 - b. a listing of the amount of fuel consumed in each Source ID 1 and 2 during the reporting period, by month;
 - c. a running total of the 12-month fuel consumed in both sources, by month, during the reporting period;
 - d. a listing of the sulfur content, fuel sulfur testing results, or the fuel grade of each fuel shipment used Source IDs 1 and 2 during the reporting period;
 - e. a clear identification of any deviation from the limit requirements; and
 - f. a certification of report information, signed by the Responsible Official defined in 18 AAC 50.990(77), as required in 18 AAC 50.205.
 - 4.3 Report any excess emissions or permit deviations under this ORL no later than seven days after discovering the exceedance. To report the excess emissions, for each event, Trident must fax a completed and signed ADEC Notification Form (attached) to the department at (907) 269-7508.

Statement of Avoided Requirement:

The potential to emit for the sources listed in Table 1 are reduced to less than 100 tons per year for any regulated air contaminant by limiting the fuel consumed in the sources to no more than 2,788,732 gallons per 12 consecutive months, and limiting the sulfur content of the fuel to no greater than 0.50 percent sulfur by weight. In accordance with 18 AAC 50.210, the capacity of the facility to emit an air contaminant is verifiable through the monitoring, record keeping, and reporting contained in this approval. By limiting the potential to emit of the sources listed in Table 1, the owner/operator is avoiding the requirement to obtain an operating permit for this facility that would otherwise be classified under AS 46.14.130(b) and 18 AAC 50.325(b)(1).

Table 1 – Source Inventory Subject to Limits

ID	Type	Description	Normal Fuel	Design Throughput	Rating/size (not enforceable)
1	Boiler	Johnston	Diesel	241 gal/hr	33 MMBtu/hr 750 HP
2	Boiler	Cleaver Brooks	Diesel	214 gal/hr	29.3 MMBtu/hr

ADEC Notification Form

Fax this form to: (907) 269-7508

Telephone: (907) 269-8888

Company Name _____

Facility Name _____

Reason for notification:

☐ **Excess Emissions**

If you checked this box

Fill out section 1

☐ **Other Deviation from Permit Condition**

If you checked this box

fill out section 2

When did you discover the Excess Emissions or Other Deviation:

Date: __/__/__ Time:__:__

Section 1. Excess Emissions

(a) Event Information (Use 24-hour clock):

	START Time: (hr:min):	END Time:	Duration
Date: _____	_____:	_____:	_____:
Date: _____	_____:	_____:	_____:
		Total:	_____:

(b) Cause of Event (Check all that apply):

<input type="checkbox"/> START UP	<input type="checkbox"/> UPSET CONDITION	<input type="checkbox"/> CONTROL EQUIPMENT
<input type="checkbox"/> SHUT DOWN	<input type="checkbox"/> SCHEDULED MAINTENANCE	<input type="checkbox"/> OTHER _____

Attach a detailed description of what happened, including the parameters or operating conditions exceeded.

(c) Sources Involved:

Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.

Source ID No.	Source Name	Description	Control Device
_____	_____	_____	_____
_____	_____	_____	_____

(d) Emission Limit Potentially Exceeded

Identify each emission standard potentially exceeded during the event. Attach a list of ALL known or suspected injuries or health impacts. Identify what observation or data prompted this report. Attach additional sheets as necessary.

Permit Condition	Limit	Emissions Observed
_____	_____	_____
_____	_____	_____

(e) Excess Emission Reduction:

Attach a description of the measures taken to minimize and/or control emissions during the event.

(f) Corrective Actions:

Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of a recurrence.

(g) Unavoidable Emissions:

Do you intend to assert that these excess emissions were unavoidable?

☐ YES ☐ NO

Do you intend to assert the affirmative defense of 18 AAC 50.235?

☐ YES ☐ NO

Section 2. Other Permit Deviations

(a) Sources Involved:

Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.

Source ID No.	Source Name	Description	Control Device
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

(b) Permit Condition Deviation:

Identify each permit condition deviation or potential deviation. Attach additional sheets as necessary.

Permit Condition	Potential Deviation
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(c) Corrective Actions:

Attach a description of actions taken to correct the deviation or potential deviation and to prevent recurrence.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Printed Name: _____

Signature: _____

Date: _____